	Fund - §54,1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	558001	
<015>	Study Area Name	Communet of Nevada, LLC	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Rohan Kanaraja	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5014481249 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	rranarajasatni com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill		<(Y/N) <040>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or Na)	\cap \bullet

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Study Area Code	
Commet of Nevada, LLC	
Comment of Nevada, LLC	
Contact Telephone Number - Number of person identified in data line <030> S014481249 ext. Stanaraia@atni.com	
Contact Email Address - Email Address of person identified in data line <030>	
Reporting Carrier / Mobility Fund Phase 1 Winning Bidder <110> FCC Registration Number 18122873 <111> Filing Carrier Name Comment of Nevada, LLC <112> Winning Bidder Carrier Name Comment of Nevada, LLC <113> Street Address (or PO Box) 1001 Technology Drive, Suite 202 Little Rock AR <116> Zip-Code City Contact Information if same as above, indicate in this box City Comment of Nevada, LLC Comment of Nevada,	
<110> FCC Registration Number <111> Filing Carrier Name <112> Winning Bidder Carrier Name <113> Street Address (or PO Box) <114	
<110> FCC Registration Number <111> Filing Carrier Name <112> Winning Bidder Carrier Name <113> Street Address (or PO Box) <114	
Commet of Nevada, LLC Little Rock Commet of Nevada, LLC Little Rock Little Rock Little Rock	
Vinning Bidder Carrier Name <113> Street Address (or PO Box) 1001 Technology Drive, Suite 202 <114> City <115> State AR <116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address <2119 Email Address Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Filing Carrier Name <122> Street Address (or PO Box) <101 Technology Drive, Suite 202 <223 <224 <25 Street Address (or PO Box) <1021 Technology Drive, Suite 202 <26 <27 <27 <27 Street Address (or PO Box) <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 <27 </td <td></td>	
<113> Street Address (or PO Box) 1001 Technology Drive, Suite 202 <114> City Little Rock AR <115> State AR <116> Zip-Code <117> Telephone Number <118> Fax Number <118> Email Address Femail Address Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Filing Carrier Name <121> Filing Carrier Name <122> Street Address (or PO Box) Little Rock Little Rock	
Contact Information if same as above, indicate in this box C120 Name (First, MI, Last, Suffix) Filing Carrier Name C122 Street Address (or PO Box) City Little Rock AR AB AB AB C223 501448:1249 ext. 501448:151 rranaraja+atni.com Fonat: Fattara*a Commutet of Nevada, LLC Commutet of Nevada, LLC City Little Rock Little Rock	
<115> State <116> Zip-Code <117> Telephone Number <501448:1249 ext. <118> Fax Number <119> Email Address <501448:151 rranaraja+atni.com Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Fohar: Fariaraia <121> Filing Carrier Name Committee of Nevada, LLC <122> Street Address (or PO Box) 1001 Technology Drive, Suite 202 <123> City Little Rock	
<116> Zip-Code <117> Telephone Number <118> Fax Number <119> Email Address 5014481249 ext. <119> Email Address 5014481251 rranaraja*atni.com Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Fohat: Fanara's Committed of Nevada, LLC 1001 Technology Drive Suite 202 City Little Rock	
<117> Telephone Number <118> Fax Number <119> Email Address 5014481249 ext. <119> Email Address rranaraja + atni.com Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Pohar Fanara*s <121> Filing Carrier Name Commet of Nevada, LLC	
<117> Telephone Number <118> Fax Number <119> Email Address 5014481249 ext. <119> Email Address rranaraja *atni.com Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Pohan Ranara*s <121> Filing Carrier Name Comment of Nevada, LLC <122> Street Address (or PO Box) 1001 Technology Drive Suite 202 <123> City Little Rock	
<118> Fax Number <119> Email Address Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Filing Carrier Name <122> Street Address (or PO Box) Little Rock Little Rock	
Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Filing Carrier Name Communet of Nevada, LLC City Little Rock Final Address Panaraja attni.com Final Address Communet of Nevada, LLC Little Rock	
Contact Information if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) Fohan Fattara's Communet of Nevada, LLC City Little Rock Franaraja*atni.com Communet of Nevada, LLC Little Rock	
if same as above, indicate in this box <120> Name (First, MI, Last, Suffix) <121> Filing Carrier Name Communet of Nevada, LLC <122> Street Address (or PO Box) City Little Rock V Rohan Fattara's Communet of Nevada, LLC Little Rock	
<120> Name (First, MI, Last, Suffix) Rohat: Ratiabal a <121> Filing Carrier Name Committee of Nevada, LLC <122> Street Address (or PO Box) 2001 Technology Drive Suite 202 <123> City Little Rock	
<121> Filing Carrier Name Commet of Nevada, LLC <122> Street Address (or PO Box) Little Rock Little Rock	
<122> Street Address (or PO Box) 1001 Technology Drive Suite 202 123> City Little Rock	
<123> City Listle Rock	
<124> State AP	
<125> Zip-Code 72223	
<126> Telephone Number 5014481249 exc.	
<127> Fax Number 501448:151	
<128> Email Address rranarajasatni, com	
reature gasachi, com	
Authorized Agent Information if no agent, indicate in this box	
<130> Name (First, MI, Last, Suffix)	
<131> Company	
<132> Street Address (or PO Box)	
<133> City	
<134> State	
<135> Zip-Code	
<136> Telephone Number	
<137> Fax Number	
<138> Email Address	

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	558001
<015>	Study Area Name	Communet of Nevada, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Rohan Ranaraja
<035>	Contact Telephone Number - Number of person identified in data line <03	0> 5014481249 ext.
<039>	Contact Email Address - Email Address of person identified in data line <03	0> rranarajaBatni.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	
	S58001_N Coverage and Performace attachments	V_Voice.zip, 558001_NV_Broadband.zip

>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
	State	County	Consus Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Population	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	State	County	Cerisus Block	Cerisus Block	by service	Service	DIOCK	Reactieu	BIOCK	
	-			5	See attach	ed works	heet			
	-									
	1									
	_		1				-			
			itage of Total on Reached by	0		Percentage Road Miles o		79		
			Service			by Serv				

06/09/2017

(070) Urb	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	558301
<015>	Study Area Name	Commnet of Nevada, MIC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Rohan Ranaraja
<035>	Contact Telephone Number - Number of person identified in data line <030>	5014481249 ext.

rranaraja@atni.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)					
l certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my resp	onsibilities include ensuring compliance	with 47 CFR §54.1009(a)	4), the information reported on thi	
Name of Reporting Carrier:	net of Nevada, LDC				
Signature of Authorized Officer:	DERIFIEL ONLINE			Date 06/14/2017	
Printed name of Authorized Officer:	Rohan Raharaja				
Title or position of Authorized Officer:	Director Regulatory Com	pliance			
Telephone number of Authorized Officer:	5014461249 ext.				
Study Area Code of Reporting Carrier:	558001	Filing Due Date for this form:	07/03/2217		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

carrier. I also certify that I am an officer or employee of the reporting carrier; my responsi authorized agent; and, to the best of my knowledge, the reports and data provided to the Name of Authorized Agent:	
Name of Authorized Agent:	
valle of Addionzed Agent.	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Du	e Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
l, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on					
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:	Date:				
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agent					
Telephone number of Authorized Agent or Employee of Ager	ıti .				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

180) Triba	ll Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	558001	
<015>	Study Area Name	Communet of Nevada, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this da		
<035>	Contact Telephone Number - Number of person identified in		
<039>	Contact Email Address - Email Address of person identified in	data line <030> rranaraja@atri_com	
<142>	State		
1146			
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
	European Company of the Company of t		
<145>	Tribal Government Engagement Obligation		
	Nam	e of Attached Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, No	ot Applicable) for	
	each of these boxes to confirm the status described on the at		
	PDF, on line 145, demonstrates coordination with the Tribal		
	government pursuant to § 54.1004 includes:		
		Select	
		(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focus on	Tribal	
	community anchor institutions;		
<147>	Feasibility and sustainability planning;		
<148>	Marketing services in a culturally sensitive manner;		
<149>	Compliance with Rights of way processes		
<150>	Compliance with Land Use permitting requirements		
<151>	Compliance with Facilities Siting rules		
<152>	Compliance with Environmental Review processes		

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	558001
<015>	Study Area Name	Communet of Nevada, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Rohan Ranaraja
<035>	Contact Telephone Number - Number of person identified in data line	<030> 5014481249 ext.
<039>	Contact Email Address - Email Address of person identified in data line	<030> rranarajašatni com
<200>	Date Authorized to Receive Support	09/17/2013
<201>	Targeted Completion Date	26/17/2015
<202>	Total Mobility Fund Support Awarded	244,993.0
<203>	Total Mobility Fund Support Disbursed	1891247
<210> <211>	Actual Completion Date Project Status Description (attached)	58301 Froject Status.pdf
<212><213><214><215><216><217>	Please check these boxes below to confirm that the attached PDF, on li 211, contains a project status pursuant to §54.1005(b)(2)(v). The informability be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	

(101) Cert	ification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	558001	
<015>	Study Area Name	Communet of Nevada, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Rohan Ranaraja	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5014481249 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	rranaraja@atni.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Commet of Nevada, LLC	and many accounters 5 accorate.				
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/04/2017			
Printed name of Authorized Officer: Rohan Ranavaja					
Fitle or position of Authorized Officer:	ory Compliance				
Telephone number of Authorized Officer: 5914481249 ext	No.				
Study Area Code of Reporting Carrier: 558001	Filing Due Date for this form: 97/03/2317				

26/09/2017 Page 7

(102) Cer	tification - Agent / Carrier	FCC Form 690 Approved by OM OMB Control No Page 8 of 8	MANAGEL PARTIES TO THE LOSS PARTIES
<010>	Study Area Code	559201	
<015>	Study Area Name	Communet of Nevada, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Roban Ranaraia	

5014481249 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> rranarajasatni.com

Contact Telephone Number - Number of person identified in data line <030>

certify that (Name of Agent)Is authorized to submit the information reported on behalf of the reporting carrier Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.						
Name of Authorized Agent:						
Name of Reporting Carrier:						
Signature of Authorized Officer:	Date:					
Printed name of Authorized Officer:						
Title or position of Authorized Officer:						
Telephone number of Authorized Officer:						
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
l, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:					
Name of Authorized Agent Firm:					
Signature of Authorized Agent or Employee of Agent:		Date:			
Name of Authorized Agent Employee:					
Title or position of Authorized Agent or Employee of Agen	t				
Telephone number of Authorized Agent or Employee of A	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Confidential Attachments Withheld From Public Inspection